

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042237

Entity Name: PREMIER FOLIAGE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

19901 SW 216 STREET
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

19901 SW 216 STREET
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 65-0671005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISMAN, JOSEPH B
ONE SE THIRD AVENUE STE 3050
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MATALON, PAUL R
19901 SW 216 STREET
MIAMI, FL 33170 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL R MATALON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATALON, PAUL
Address: 19901 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: VSD () Delete
Name: TRUPPMAN, LINDA
Address: 19901 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: VSD () Delete
Name: MATALON, PETER
Address: 19901 SW 216TH ST
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: MATALON, CAROLE
Address: 19901 SW 216TH ST
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R MATALON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date